

Cavalier King Charles Spaniel Club of Northern Florida Renewal Application

Please update your information below.

Name: _____ Kennel Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Ph #: _____ Home/Office _____ Email: _____

Type Of Membership requesting

Individual Membership \$30.00: _____
(must be 18 years and older with voting rights)

Household Membership \$50.00: _____
(limited to 2 adults 18 or older but with I vote)

Associate Membership: \$20.00: _____
(all 18 years and older with no voting rights)

Junior Membership \$10.00: _____
(children 9-7 years old — no voting rights)

Number of Cavaliers owned and colors: _____

Website: _____

In signing below, you agree to abide by the "By-Laws," Code of Ethics and other rules of the CKCSCNF, acting in the best interest of the Club and purebred dogs. Furthermore, applicant agrees to update any information required on this application by the Club upon request.

Membership runs from January 1 through December 31, with all dues payable on or before January 1. Any member in arrears after January 31, must reapply for membership.

The following notification from AKC must be read and authorized by member signature that you agree to the notification:

Clubs may send members notification of club meetings, board meetings via email provided that each member agrees to this method of communication by providing authorization signature. Such authorization releases the CKCSCNF from any liability should the notification not be received or received late by member or members due to circumstances beyond the Clubs control.

Signature: _____ Signature: _____